Case 09-15378 Doc 5 Filed 06/10/09 Entered 06/10/09 11:47:43 Desc Main Document Page 1 of 7

B22C (Official Form 22C) (Chapter 13) (01/08)

In re	Prentice Anthony Pilot	According to the calculations required by this statement:
	Debtor(s)	☐ The applicable commitment period is 3 years.
Case Number:		■ The applicable commitment period is 5 years.
	(If known)	■ Disposable income is determined under § 1325(b)(3).
		☐ Disposable income is not determined under § 1325(b)(3).
		(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

	Part I. REPORT OF INCOME									
	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.									
1	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.									
	b. Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.									
		gures must reflect average monthly income rec						Column A		Column B
		dar months prior to filing the bankruptcy case.						Debtor's		Spouse's
the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.								Income		Income
2			_	•						
2		s wages, salary, tips, bonuses, overtime, con					\$	5,972.09	\$	
		ne from the operation of a business, professi								
		the difference in the appropriate column(s) of ssion or farm, enter aggregate numbers and pro-								
		er less than zero. Do not include any part of								
3	a ded	uction in Part IV.								
				Debtor		Spouse				
	a.	Gross receipts	\$	0.00						
	b. c.	Ordinary and necessary business expenses Business income	\$	otract Line b from		0	Φ.	0.00	Φ.	
							\$	0.00	\$	
	Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any									
	part of the operating expenses entered on Line b as a deduction in Part IV.									
4				Debtor		Spouse				
	a.	Gross receipts	\$	0.00						
	b.	Ordinary and necessary operating expenses	\$	0.00						
	c.	Rent and other real property income	Su	btract Line b from	Line	e a	\$	0.00	\$	
5	Inter	est, dividends, and royalties.					\$	0.00	\$	
6	Pensi	on and retirement income.					\$	0.00	\$	
		amounts paid by another person or entity, o								
7	expenses of the debtor or the debtor's dependents, including child support paid for that									
	purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse.					\$	0.00	ф		
		pployment compensation. Enter the amount in	n th	a annuaniata aalur	nn(c	of Lina 9	Þ	0.00	Þ	
		ever, if you contend that unemployment compared								
ا ا	benef	it under the Social Security Act, do not list the	e an							
8	or B,	but instead state the amount in the space below	w:			-				
		mployment compensation claimed to								
	be a	benefit under the Social Security Act Debtor	\$	0.00 Sp	ouse	\$	\$	0.00	\$	

9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.								
	international of domestic terrorism.	Debtor	Spouse						
	a. \$ b. \$		\$ \$						
	Subtotal. Add Lines 2 thru 9 in Column A, and, if C	Column R is complet		rough 9	0.0	0 \$			
10	in Column B. Enter the total(s).			\$	5,972.0	9 \$			
11	Total. If Column B has been completed, add Line 10 the total. If Column B has not been completed, enter				3		5,972.09		
	Part II. CALCULATION	OF § 1325(b)(4) COMMITM	ENT PE	ERIOD				
12	Enter the amount from Line 11					\$	5,972.09		
13	Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary list additional adjustments								
	a. b.	\$ \$							
	c.	\$							
	Total and enter on Line 13								
14	Subtract Line 13 from Line 12 and enter the resu		\$	5,972.09					
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.								
16	Applicable median family income. Enter the media information is available by family size at <a "the="" 1="" 15="" 16.="" 3="" 5="" amount="" and="" applicable="" at="" box="" check="" commitment="" continue="" for="" href="https://www.usdo.com/www.usdo.co</td><td>j.gov/ust/ or from the</td><td>clerk of the bank</td><td>ruptcy cou</td><td></td><td></td><td></td></tr><tr><td></td><td>a. Enter debtor's state of residence: MA</td><td></td><td>tor's household siz</td><td>ze:</td><td>1</td><td>\$</td><td>54,842.00</td></tr><tr><td>17</td><td colspan=7>Application of § 1325(b)(4). Check the applicable box and proceed as directed. □ The amount on Line 15 is less than the amount on Line 16. Check the box for " is="" less="" line="" not="" of="" on="" page="" period="" statement="" statement.="" statement.<="" td="" than="" the="" this="" top="" with="" years"="" ■="">								
	Part III. APPLICATION OF § 132	25(b)(3) FOR DETI	ERMINING DISP	POSABLE	E INCOME				
18	Enter the amount from Line 11.					\$	5,972.09		
19	a. \$ b. \$ c. \$								
	Total and enter on Line 19.					\$	0.00		
20	Current monthly income for § 1325(b)(3). Subtract	et Line 19 from Line	18 and enter the re	esult.		\$	5,972.09		

	1							I	1
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.						0 by the number 12 and	\$	71,665.08
22	Applicable median family income. Enter the amount from Line 16.							\$	54,842.00
	Application of § 1325(b)(3). Check the applicable box and proceed as directed.							·	
23		e amount on Line 21 is mo 25(b)(3)" at the top of page						ined u	nder §
	☐ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Part								
		Part IV. CA	ALCULATION (OF I	DEDU	CTIONS FR	OM INCOME		
		Subpart A: Do	eductions under Star	ndar	ds of th	e Internal Reve	nue Service (IRS)		
24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						Expenses for the	\$	517.00
National Standards: health care. Enter in Line a1 below the amount from IRS National Standards: Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standard Health Care for persons 65 years of age or older. (This information is available at www.usdoj clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who fage, and enter in Line b2 the number of members of your household who are 65 years of age number of household members must be the same as the number stated in Line 16b.) Multiply obtain a total amount for household members under 65, and enter the result in Line c1. Multiply b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2 to obtain a total health care amount, and enter the result in Line 24B.					andards for Out-of-Pocket sdoj.gov/ust/ or from the d who are under 65 years of age or older. (The total ply Line a1 by Line b1 to ultiply Line a2 by Line				
	Household members under 65 years of age Household members 65 years of age or old					of age or older			
	a1.	Allowance per member	60	a2.	Allow	ance per member	144		
	b1.	Number of members	1	b2.	Numb	er of members	0		
	c1.	Subtotal	60.00	c2.	Subtot	al	0.00	\$	60.00
25A	Utilitie	Standards: housing and w es Standards; non-mortgage ole at <u>www.usdoj.gov/ust/</u> o	expenses for the applic	able c	ounty a	nd household size.		\$	527.00
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.								
		IRS Housing and Utilities				\$	1,279.00		
	b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47 \$ 0.00								
	l	Net mortgage/rental expens				Subtract Line b fr		\$	1,279.00
26	25B do Standa	Standards: housing and up been not accurately compute rds, enter any additional and tion in the space below:	the allowance to which	you a	re entitl	ed under the IRS H	Iousing and Utilities		
		•						\$	0.00

Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) = 1 or more.					-		
17 18 19 19 19 19 19 19 19		expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and					
If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankrupcy court.) Local Standards: Transportation and you contend that you are entitled to an additional deduction for public transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankrupcy court.) Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankrupcy court.) Local Standards: transportation overnesthip/lease expense; Vebticle 1. Check the number of vehicles for which you claim an ownership/lease expense (You may not claim an ownership/lease expense for more than two vehicles.) I 1 = 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankrupcy court; enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. Do not enter an amount less than zero. a. IRS Transportation Standards. Ownership Costs Average Monthly Payments for any debts secured by Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankrupcy court; enter in Line b from Line a. Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a 24 box, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportatio	27A	Check the number of vehicles for which you pay the operating expens					
Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for count.) Local Standards: Transportation (This amount is available at www.usdoj.gov/uss/ or from the clerk of the bankruptcy count.) Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense, (You may not claim an ownership/lease expense for more than two vehicles.)	2711	If you checked 0, enter on Line 27A the "Public Transportation" amount Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the	unt from IRS Local Standards: "Operating Costs" amount from IRS Local e applicable Metropolitan Statistical Area or	\$	225.00		
you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) ■ 1 □ 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as strated in Line 47; subtract Line b from Line a and enter the result in Line 28. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs \$ \$ 489.00 A verage Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 47 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	27B	for a vehicle and also use public transportation, and you contend that your public transportation expenses, enter on Line 27B the "Public Tr Standards: Transportation. (This amount is available at www.usdoj.gc	you are entitled to an additional deduction for ransportation" amount from the IRS Local	r	0.00		
Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at https://www.nsdoi.gov/nst/ or from the clerk of the bankruptcy county; enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs S		you claim an ownership/lease expense. (You may not claim an ownership/lease)					
Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 47 C. Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a. Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoi.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47 c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a. Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes. Other Necessary Expenses: mandatory deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total average monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included i	28	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 1, as stated in Li	court); enter in Line b the total of the Average				
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b. 2, as stated in Line 47 \$ \$ 0.00 c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a. \$ 0.00 Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes. \$ 1,325.58 Other Necessary Expenses: mandatory deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. \$ 636.62 Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. \$ 1.81 Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in line 49. \$ 0.00 Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. \$ 0.00 Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on the payments of the payments			\$ 0.00	4			
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life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in line 49. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on	31	deductions that are required for your employment, such as mandatory		636.62			
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Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on	33	pay pursuant to the order of a court or administrative agency, such as					
Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on	34	the total average monthly amount that you actually expend for educated education that is required for a physically or mentally challenged deposition.					
	35				0.00		

	Official Form 22C) (Chapter 13) (01/06)					
36	Other Necessary Expenses: health care. Enter the average monthly amount that you actually excare that is required for the health and welfare of yourself or your dependents, that is not reimburs or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do repayments for health insurance or health savings accounts listed in Line 39.	sed by insurance	\$	0.00		
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amou actually pay for telecommunication services other than your basic home telephone and cell phone pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for welfare or that of your dependents. Do not include any amount previously deducted.	service - such as	\$	0.00		
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.		\$	5,061.01		
	Subpart B: Additional Living Expense Deductions					
	Note: Do not include any expenses that you have listed in Lir	nes 24-37				
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the mont the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or dependents					
39	a. Health Insurance \$ 479.24					
	b. Disability Insurance \$ 0.00					
	c. Health Savings Account \$ 0.00					
	Total and enter on Line 39		\$	479.24		
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:					
	\$					
40	actual monthly lerly, chronically pay for such	\$	0.00			
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.					
42	l by IRS Local rovide your case tional amount	\$	0.00			
43	Education expenses for dependent children under 18. Enter the total average monthly expense actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or school by your dependent children less than 18 years of age. You must provide your case trusted documentation of your actual expenses, and you must explain why the amount claimed is rea necessary and not already accounted for in the IRS Standards.	secondary with	\$	0.00		
44	Additional food and clothing expense. Enter the total average monthly amount by which your fo expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS Standards, not to exceed 5% of those combined allowances. (This information is available at					

			Subpart C: Deductions for	Debt Paymer	nt		
47	own, list the r check whethe scheduled as	name of creditor, ide r the payment include contractually due to by 60. If necessary,	ims. For each of your debts that is security the property securing the debt, states taxes or insurance. The Average Me each Secured Creditor in the 60 month list additional entries on a separate page.	te the Average Nonthly Payment is sollowing the fi	Monthly Payment, and s the total of all amounts ling of the bankruptcy		
	<u>- </u>	of Creditor	Property Securing the Debt	Average Monthly Paymen	y include taxes		
	aNONE	!-		\$	□yes □no	\$	0.00
48	motor vehicle your deduction payments liste sums in defau	, or other property n n 1/60th of any amo ed in Line 47, in ord lt that must be paid	ms. If any of debts listed in Line 47 are ecessary for your support or the support unt (the "cure amount") that you must er to maintain possession of the proper in order to avoid repossession or foreclist additional entries on a separate pag	rt of your depend pay the creditor i ty. The cure amo osure. List and to	r primary residence, a ents, you may include in n addition to the unt would include any	9	0.00
		of Creditor	Property Securing the Debt		0th of the Cure Amount		
	aNONE	<u>:-</u>		\$	Total: Add Lines	\$	0.00
49	priority tax, conot include co	hild support and alir urrent obligations,	y claims. Enter the total amount, divided nony claims, for which you were liable such as those set out in Line 33. Inses. Multiply the amount in Line a by	at the time of yo	ur bankruptcy filing. Do	\$	0.00
50	b. Curre issued inform the ba	nt multiplier for you d by the Executive C nation is available a ankruptcy court.)	y Chapter 13 plan payment. It district as determined under schedule office for United States Trustees. (This twww.usdoj.gov/ust/ or from the clerk trative expense of Chapter 13 case	of x	432.00 10.00 iply Lines a and b	\$	43.20
51	Total Deduct	ions for Debt Payn	nent. Enter the total of Lines 47 through	h 50.		\$	43.20
			Subpart D: Total Deduction			т	
			Subpart D. Total Deduction	s from Incon	ne		
52	Total of all d	eductions from inco	-		ne	\$	5,583,45
52			ome. Enter the total of Lines 38, 46, ar	nd 51.		\$	5,583.45
	P	art V. DETERN	ome. Enter the total of Lines 38, 46, and MINATION OF DISPOSABLE	nd 51.		2)	
52 53 54	Total current Support inco payments for	art V. DETERN t monthly income. me. Enter the montal dependent child, re	ome. Enter the total of Lines 38, 46, ar	E INCOME Vents, foster care p	UNDER § 1325(b)(2		5,583.45 5,972.09
53	Total current Support inco payments for law, to the ext Qualified ret wages as cont	art V. DETERM t monthly income. me. Enter the month a dependent child, re- tent reasonably nece- irement deductions ributions for qualific	ome. Enter the total of Lines 38, 46, and MINATION OF DISPOSABLE. Enter the amount from Line 20. The substituting the substitution of the substi	E INCOME Vents, foster care procordance with a bounts withheld by	UNDER § 1325(b)(2 ayments, or disability pplicable nonbankruptcy	\$ \$	5,972.09

	Deduction for special circumstances. If there are special circumstances is no reasonable alternative, describe the special circumstances are page. Total provide your case trustee with documentation of these ex of the special circumstances that make such expense necessary.	Instances and the resulting expenses in lines a-c below. I the expenses and enter the total in Line 57. You must expenses and you must provide a detailed explanation
57	Nature of special circumstances	Amount of Expense
	a. b.	\$
	c.	\$
		Total: Add Lines \$ 0.0
58	Total adjustments to determine disposable income. Add result.	the amounts on Lines 54, 55, 56, and 57 and enter the \$\$ 5,583.4
59	Monthly Disposable Income Under § 1325(b)(2). Subtrac	ct Line 58 from Line 53 and enter the result. \$ 388.6
	Part VI. ADDITIO	NAL EXPENSE CLAIMS
	of you and your family and that you contend should be an ac	not otherwise stated in this form, that are required for the health and welfare additional deduction from your current monthly income under § a separate page. All figures should reflect your average monthly expense for
60	Expense Description	Monthly Amount
	a.	\$
	b.	\$
	c. d.	\$
		ines a, b, c and d \$
	Part VII.	VERIFICATION
		ided in this statement is true and correct. (If this is a joint case, both debtors
	must sign.) Date: June 9, 2009	Signature: /s/ Prentice Anthony Pilot
61	<u> </u>	Prentice Anthony Pilot
		(Debtor)